

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10k581401

FILING DATE

06-1-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3				
5		30				
6		1				
7		10				
8		10				
9		10				
10		10				
11		10				
12	1		1			
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		8				
21		10				
22		10				
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TOTAL IND.			2			
TOTAL DEP.			22			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				2		
TOTAL DEP.				22		
TOTAL CLAIMS			24			